

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

RECEIVED
FEC MAIL CENTER

2016 MAY 31 AM 8:02
Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

DEMOCRATIC WOMEN OF THE SOUTH SUBURBS

ADDRESS (number and street)

P.O. Box 186



(Check if address
is changed)

FLOSSMOOR

CITY ▲

IL 60422-

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address
is changed)

ILDWSS@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

democraticwomeninsouthsuburbs.org

2. DATE

05

25

2016

3. FEC IDENTIFICATION NUMBER ►

C00611798

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

HATTIE HESTER

Signature of Treasurer

Hattie Hester

Date

05

25

2016

NOTE: Submission of false, erroneous; or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|--------------------------|---------------|--------------------------|
| 1. | <input type="checkbox"/> | FEC ID number | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> | FEC ID number | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> | FEC ID number | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> | FEC ID number | <input type="checkbox"/> |

Write or Type Committee Name

DEMOCRATIC WOMEN OF THE SOUTH SUBURBS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

HATTIE HESTER

Mailing Address

2938 IMPERIAL CT

FLOSSMOOR

IL

60422-

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

708-365-6258

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

HATTIE HESTER

Mailing Address

2938 IMPERIAL CT

FLOSSMOOR

IL

60422-

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

708-365-6258

Full Name of
Designated
Agent

HATTIE NESTER

Mailing Address

12938 IMPERIAL CT

FLOSSMOOR

CITY

IL

STATE

60424

ZIP CODE

Title or Position

TREASURER

Telephone number

708-365-6250

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

U S BANK

Mailing Address

P O BOX 64799

ST PAUL

CITY

MN

STATE

55164-0799

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

[illegible]

PREPARER
(3/2015)